_		MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							09/856676 APPLICANTIS)				FILING DATE			
		Ammo						CI	AIMS							
	0		AS FILED		1st AMENDMENT		APTER 2nd AMENDMENT			•	•		•		·	
	4.06		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	INO.	DEP.	BND	DE	
	15	1	1	<u> </u>					- 5	1				 ===	1 -	
	~	2		1		$\perp \perp$			6					 	 	
		8				1			- 8	•	1	_	 	┼─-	┼	
	3	4				11			6		1	1		 	+-	
	0	5		1		1			5			1		 	†—	
	\mathcal{L}	6		1	 	1			5	3	1	1		 	+-	
		7		<u> </u>		Н.	<u> </u>		5	7	T -	1		 -	┼	
		8			<u> </u>	1				3		1		 	╁	
		- 8		<u> </u>		1.			5	,				 - -	+-	
		10				-			6)			-	 -	1	
		- 11		-		11			6					 	+	
		12		1	L				6		 	 		 	 	
	- 1	18							6		† 	 		 -	+	
		14							6			<u> </u>	-	 -	┼	
		15							6		1	 		 -	\vdash	
	1	16			<u> </u>				6		1	T		 - -	1-	
		17							6		 	 		 	┼	
		18							61						╫	
		19							69		1				┼-	
	- 1	- 20							70	_				 	1	
	- 1	- 21							7:	_	 			├─-	-	
	ŀ	22				<u> </u>			72		1				-	
	H	- 23							78					 	 	
	ŀ	24 25							74					 -	-	
	ŀ	28				 			75						 - 	
	ŀ	27			<u> </u>				.76					-	 	
	ŀ	28							77						 	
	ŀ	29							78						 	
	ŀ	30							79						 	
	ŀ	31							80		1				1	
		32							81							
	ŀ	38					 		82					— –	1	
	H	34							83	·					\vdash	
	_ F	35				· ·			84						┰	
	H	38						——————————————————————————————————————	88						1	
	F	37					 		88		1					
	H						 		87		Γ				-	
	-	88					لــــا		88						 	
	-	39							89	T-				-	 	
	ŀ	40							90			 			-	
	H	41	\dashv						91						_	
	-	42							92		 					
	-	43							93						-	
	-	4				<u>. </u>			84	1		 			-	
	<u> </u>	48]			95	1	\vdash	- 			-	
	_	46				I			98	1						
	-	47							97	 	 					
	-	48]			98		\vdash				-	
	-	50							99	1	 				-	
	7	STAL	- +		-,				100				-		-	
		1D.			\perp 1	, 1		17	TOTAL IND.				- 	- -	-	
	7	OTAL EP.	1,	ן ב	<i>TT</i> .	→		ا ف							I	
	1	OTAL ABAS			121	- 0,00			TOTAL DEP.							
	Ι¢	TO-1360 (9	NEW CV	1:				EDIAL	. 1	医尿道	7.5				